

QUARTERLY ESTIMATE PAYMENT
Second Quarter
(Due one month after end of quarter)

Federal Employer
Identification No.

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Amount Paid

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Taxpayer's Account Number, Name and Address

Calendar Year _____; or

Fiscal or part year, Month beginning _____
And Month Ending _____

Remit payment to
CITY OF TROY
INCOME TAX DIVISION
100 S Market St
Troy OH 45373
(937) 339-3861

FORM TQ-1

QUARTERLY ESTIMATE PAYMENT
Third Quarter
(Due one month after end of quarter)

Federal Employer
Identification No.

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Amount Paid

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Taxpayer's Account Number, Name and Address

Calendar Year _____; or

Fiscal or part year, Month beginning _____
And Month Ending _____

Remit payment to
CITY OF TROY
INCOME TAX DIVISION
100 S Market St
Troy OH 45373
(937) 339-3861

FORM TQ-1

QUARTERLY ESTIMATE PAYMENT
Fourth Quarter
(Due one month after end of quarter)

Federal Employer
Identification No.

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Amount Paid

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Taxpayer's Account Number, Name and Address

Calendar Year _____; or

Fiscal or part year, Month beginning _____
And Month Ending _____

Remit payment to
CITY OF TROY
INCOME TAX DIVISION
100 S Market St
Troy OH 45373
(937) 339-3861

FORM TQ-1